

**South Carolina Department of
Disabilities and Special Needs**

CERTIFICATE OF NON-AVAILABILITY OF STATE VEHICLE

DATE: _____

**REGION/
DISTRICT:** _____

DIVISION: _____

EMPLOYEE NAME: _____

TRIP DESTINATION: _____

☐ **You are advised that no state-owned vehicle is reasonably available and/or adequate to meet your travel requirements.**

The period of non-availability will cover:

Beginning Date _____ **Time** _____

Ending Date _____ **Time** _____

**TRANSPORTATION
COORDINATOR SIGNATURE:** _____ **DATE:** _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

☐ **Special permission is requested to use my personal vehicle for the reason listed below.
(Approval must be obtained from the appropriate Facility Administrator, District Director, or
Deputy State Director for Administration.)**

JUSTIFICATION:

EMPLOYEE SIGNATURE: _____ **DATE:** _____

APPROVED: _____ **DATE:** _____

**Facility Administrator, District
Director, Deputy State Director for
Administration or Director of
Procurement**

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